

10-20-03 46

/1723\$

Express Mail Mailing Label No. EV289510904US

TRANSMITTAL
FORM

Application Serial Number	09/812,723
Filing Date	March 20, 2001
First Named Inventor	Laugharn
Group Art Unit	1723
Examiner Name	Soohee
Attorney Docket No.	BMA-008
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED
OCT 24 2003
TC 1700

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Checks for \$235 and \$155 Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) - Tab 1 (10 pages)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	


CORRESPONDENCE ADDRESS

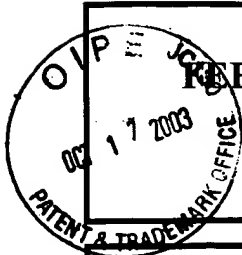
Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Date: October 17, 2003
Reg. No. 50,773
Tel. No.: (617) 248-7453
Fax No.: (617) 248-7100

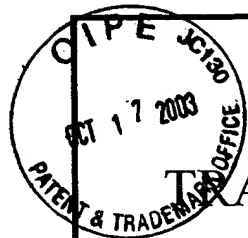

Mark L. Belaborodov
Attorney for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110


FREE TRANSMITTAL
FY 2004

Complete if Known	
Application Serial Number	09/812,723
Filing Date	March 20, 2001
First Named Inventor	Laugharn
Group Art Unit	1723
Examiner Name	Soohoo
Attorney Docket No.	BMA-008

RECEIVED
OCT 24 2003
FC 1700

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																							
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																																																																							
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>420</td> <td>210</td> <td>Extension for reply within second month</td> <td>210.00</td> </tr> <tr> <td>950</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1480</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>2010</td> <td>1005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>290</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td>180.00</td> </tr> <tr> <td>770</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> </tbody> </table>				Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		420	210	Extension for reply within second month	210.00	950	475	Extension for reply within third month		1480	740	Extension for reply within fourth month		2010	1005	Extension for reply within fifth month		330	165	Notice of Appeal		330	165	Filing a brief in support of an appeal		290	145	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement	180.00	770	385	Filing a submission after final rejection (37 CFR 1.129(a))		770	385	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		110	55	Submission of Terminal Disclaimer		Other fee (Specify)				Other fee (Specify)			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																								
130	65	Surcharge - late filing fee or oath																																																																																									
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																									
130	130	Non-English specification																																																																																									
2,520	2,520	Request for ex parte reexamination																																																																																									
110	55	Extension for reply within first month																																																																																									
420	210	Extension for reply within second month	210.00																																																																																								
950	475	Extension for reply within third month																																																																																									
1480	740	Extension for reply within fourth month																																																																																									
2010	1005	Extension for reply within fifth month																																																																																									
330	165	Notice of Appeal																																																																																									
330	165	Filing a brief in support of an appeal																																																																																									
290	145	Request for oral hearing																																																																																									
130	130	Petitions to the Commissioner																																																																																									
180	180	Submission of Information Disclosure Statement	180.00																																																																																								
770	385	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																									
770	385	For each additional invention to be examined (37 CFR 1.129(b))																																																																																									
100	100	Certificate of Correction for applicant's error																																																																																									
110	55	Submission of Terminal Disclaimer																																																																																									
Other fee (Specify)																																																																																											
Other fee (Specify)																																																																																											
FEE CALCULATION																																																																																											
1. FILING FEE																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>770</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>340</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>				Large Entity Fee (\$)	Fee Description	Fee Paid	770	Utility filing fee		340	Design filing fee		160	Provisional filing fee																																																																													
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																									
770	Utility filing fee																																																																																										
340	Design filing fee																																																																																										
160	Provisional filing fee																																																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td></td> <td></td> <td>\$290.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>0.00</td> </tr> </tbody> </table>					Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 18.00 =		Independent Claims	- 3 =		x \$ 86.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$290.00 =		TOTAL:					SMALL ENTITY DISCOUNT:					SUBTOTAL (1)				0.00																																																					
	Number Filed	Number Extra	Rate	Amount																																																																																							
Total Claims	- 20 =		x \$ 18.00 =																																																																																								
Independent Claims	- 3 =		x \$ 86.00 =																																																																																								
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$290.00 =																																																																																								
TOTAL:																																																																																											
SMALL ENTITY DISCOUNT:																																																																																											
SUBTOTAL (1)				0.00																																																																																							
2. AMENDMENT CLAIM FEES																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td></td> <td>x \$ 86.00 =</td> <td></td> </tr> <tr> <td><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td></td> <td></td> <td></td> <td>+ \$290.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$)</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$0.00)</td> <td></td> </tr> </tbody> </table>					Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=		x \$ 18.00 =		Indep.	-	=		x \$ 86.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$290.00 =		TOTAL:				(\$)		SMALL ENTITY DISCOUNT:				(\$)		SUBTOTAL (2)				(\$0.00)																																															
	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																																						
Total	-	=		x \$ 18.00 =																																																																																							
Indep.	-	=		x \$ 86.00 =																																																																																							
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$290.00 =																																																																																							
TOTAL:				(\$)																																																																																							
SMALL ENTITY DISCOUNT:				(\$)																																																																																							
SUBTOTAL (2)				(\$0.00)																																																																																							
				SUBTOTAL (3) (\$) 390.00																																																																																							
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>SUBTOTAL (1)</td> <td>0.00</td> </tr> <tr> <td>SUBTOTAL (2)</td> <td>0.00</td> </tr> <tr> <td>SUBTOTAL (3)</td> <td>\$390.00</td> </tr> </tbody> </table>				SUBTOTAL (1)	0.00	SUBTOTAL (2)	0.00	SUBTOTAL (3)	\$390.00																																																																														
SUBTOTAL (1)	0.00																																																																																										
SUBTOTAL (2)	0.00																																																																																										
SUBTOTAL (3)	\$390.00																																																																																										
				TOTAL (\$) 390.00																																																																																							
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK																																																																																							
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted, Mark L. Beloborodov Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																							

TRANSMITTAL
FORM

Application Serial Number	09/812,723
Filing Date	March 20, 2001
First Named Inventor	Laugharn, Jr.
Group Art Unit	1723
Examiner Name	Not Yet Assigned
Attorney Docket No.	BMA-008
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED

OCT 24 2003

TC 1700

ENCLOSURES (check all that apply)


<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> 2 nd Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Supplemental Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input checked="" type="checkbox"/> Supplemental Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) Copy of Corrected Filing Receipt with Correction in Red
--	--	--

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,


 Danielle L. Herritt
 Attorney for Applicants
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

Date: February 12, 2002
 Reg. No. 43,670
 Tel. No.: (617) 248-7952
 Fax No.: (617) 248-7100